

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment						Work Assignment Number 4-1				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000001				
Contract Number EP-W-08-019			Contract Period 03/11/2008 To 03/10/2013 Base Option Period Number 4			Title of Work Assignment/SF Site Name Emissions Data Integration				
Contractor RESEARCH TRIANGLE INSTITUTE					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance From 03/11/2012 To 03/10/2013				
Comments: The purpose of this amendment is to approve the contractor's work plan and cost estimate dated March 27, 2012.										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO <input type="checkbox"/> (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		LOE: 2,060						
03/11/2008 To 03/10/2013										
This Action:				0						
Total:				2,060						
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:			LOE:			
Cumulative Approved:				Cost/Fee:			LOE:			
Work Assignment Manager Name Peter Kokopeli							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number 202-343-9085			
							FAX Number:			
Project Officer Name Ryan Daniels							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number: 202-564-6476			
							FAX Number:			
Other Agency Official Name							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number:			
							FAX Number:			
Contracting Official Name Ryan Daniels							Branch/Mail Code:			
_____ (Signature) (Date)							Phone Number: 202-564-6476			
							FAX Number:			